

CASEFLOW REQUEST

JD-CV-116 Rev. 1-16

STATE OF CONNECTICUT

SUPERIOR COURT

www.jud.ct.gov

CSFLREQ

**Instructions**

1. Fill out all sections and file with the court.
2. File at least **3 days** before the date of the scheduled event.

Note: If the request is granted, the court will try to schedule the event for the requested date. However, if that date is not available, it will be scheduled for the next available date.

Name of case (First-named plaintiff v. First-named defendant)

Shapiro, Jonathan v. Delbouono, Frank, et al

Judicial District of

Fairfield

Date of request

11/16/2016

Date of scheduled event (if applicable)

Name of Judge who scheduled the event (if applicable)

Bellis

Docket number

FBT CV 16**- 6048078****(S)****Requested Action** ("X" box(es) that apply and give reason(s) for request below)☒ Status Conference on or about: 11/17/16@9AM
Date☐ Client/adjuster to be available by phone for _____ scheduled on _____
Event Date☐ Pretrial on or about _____
Date☐ Party to be excused from _____ scheduled on _____
Event Date☐ Other: _____

Reason(s) for request:

To request and seek ruling on needed trial continuance, sought by both counsel due to new developments relating: 1) unavailability of plaintiff's doctor, Pardeep Sood; 2) related deposition conflicts for Dr. Sood and other involved doctors; and 3) both sides now committed to pursue mediated resolution before six medical depositions need to go forward.

I agree to notify my client and all counsel of record and self-represented parties whether the requested action is granted or denied, and if granted, the specific ruling of the court. I have told all counsel and self-represented parties of record that I would be asking for the requested action. **All Counsel and Self-represented Parties:**

☒ Consent ☐ Do not consent to the action requested above

Signed (Person making request)

Name of attorney and juris number or self-represented party (Print or type)

Lawrence A. Ouellette, Jr.

The person requesting the action is the:

☐ Plaintiff☐ Defendant☐ Attorney for Plaintiff☒ Attorney for Defendant

Firm name (if applicable)

Office of the City Attorney

Address

999 Broad Street, Bridgeport, CT 06604

Telephone number (with area code)

203-576-7647

I certify that a copy of the above was mailed or delivered on the date shown below to all counsel and self-represented parties of record. A sheet is attached listing the name and address of each party the copy was mailed or delivered to.

Signed (Individual attorney or self-represented party)

Date

11/16/2016**Order**

Request is

☐ Granted☐ Denied

Signed (Judge)

Date

ADA NOTICE

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA/